



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

REGIONAL HAND CENTER OF CENTRAL
CALIFORNIA
2139 E BEECHWOOD
FRESNO CA 93720

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

AMERICAN ZURICH INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-10-4326-01

MFDR Date Received

June 1, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary as stated on the Table of Disputed Services: "out of state provider – not aware of SOL."

Amount in Dispute: \$3,282.76

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Late filing as to DOS: The provider's request was not postmarked until 6/1/10. It is not timely as to DOS 3/18/08. The provider has failed to invoke the jurisdiction of DWC MDR as to these dates. **Please dismiss.**" The EOBs raise the issue of timely filing. Under Sec. 408.027(a), health care providers (HCPs) have 95 days from the date of service to submit a medical bill to the insurance carrier. This time frame applies to medical services provided on or after September 1, 2005. HCPs who fail to meet this deadline forfeit their right to reimbursement..."

Response Submitted by: Flahive, Ogden & Latson; 504 Lavaca, Suite 1000; Austin TX 78701

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 18, 2008	CPT codes 15937, 15946, 15734, 15738	\$3,282.76	\$ 0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated October 23, 2009

- 29 – the time limit for filing has expired
- 200 – per 134.801, a medical bill shall not be submitted later than the 1st day of the 11th month (<08/31/05) or 95 days (>09/01/05) after DOS)

Issue

Did the requestor waive the right to medical fee dispute resolution?

Findings

The requestor provided surgical services in the state of California on March 18, 2008 to an injured employee with an existing Texas Workers' Compensation claim. The requestor was dissatisfied with the respondent's final action. The requestor filed for dispute resolution under 28 Texas Administrative Code §133.307. The Division concludes that because the requestor sought the administrative remedy outlined in 28 Texas Administrative Code §133.307 for resolution of the matter of the request for payment, the dispute is to be decided under the jurisdiction of the Texas Workers' Compensation Act and applicable rules.

28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

The date of the service in dispute is March 18, 2008. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on June 1, 2010. This date is later than one year after the date of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

Authorized Signature

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Dee Z Torres Medical Fee Dispute Resolution Officer	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> July , 2012 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a *certificate of service demonstrating that the request has been sent to the other party.***

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.